

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICATION

10/551466

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
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| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
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| 47 | | | | | | | 97 | | | | | | |
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| TOTAL IND. | | | ↓ | 2 | ↓ | | TOTAL IND. | | | ↓ | | | |
| TOTAL DEP. | | | ← | 1 | ← | | TOTAL DEP. | | | ↓ | | | ↓ |
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Best Available Copy